**OSU PAYROLL SERVICES**

SALARY DEFERRAL/PAYBACK PROGRAM

REVOCATION OF ELECTION TO DEFER RECEIPT OF PAY

Name Employee ID

College Department Contact

Revocation of Salary Deferral Election

Salary deferral is irrevocable in the current plan year.

Paycheck date of last salary deferral/payback amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Cancel my election for the assignment period beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (may not be in the same plan year as the last salary deferral/payback period).

**Signature**

By signing below, I understand I am revoking my previous election to defer receipt of my monthly pay according to the plan selected above. I understand I may not elect to defer receipt of my monthly pay any time during the revocation plan year.

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS FORM MUST BE RECEIVED BY PAYROLL SERVICES 30 DAYS PRIOR TO THE ASSIGNMENT PERIOD**

**Email the completed form to payroll.services@okstate.edu OSU PAYROLL SERVICES**